IN THE UNITED STATES PATENT AND TRADEMARK OFFICE DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE TRANSMISSION PHASE SHIFT MASK

the specification	on of which is	s attached hereto,	unless the followi	ng box is check	æd:
0	which was and assigne	filed on ed serial number		·	
			nderstand the contendment referred to		ove-identified specification
I acknowledge 1.56.	the duty to d	lisclose inf orm ati	on which is materi	al to patentabili	ity as defined in 37 C.F.R.
application(s) idesignated at identified belo	for patent or least one co ow any fore	inventor's certification other than eight application	cate, or § 365(a) o the United States	f any PCT inte of America, I ventor's certific	or 365(b) of any foreig mational application which listed below and have also cate or PCT international is claimed:
				Priority claimed	Certified Copy []
Application nu	mber	Country	Filing date		
I hereby claim below:	the benefit	under 35 U.S.C.	§ 119(e) of any U	inited States Pr	rovisional application listed
Application nu	mber	Filing date			
PCT internation subject matter international at the duty to dis	mal application of each of the pplication in close informable between	on designating the claims of this a the manner provi ation which is mather filing date of	te United States of application is not ded by the first paraterial to patentab	America, liste lisclosed in the ragraph of 35 U lity as defined	ation(s), or § 365(c) of any d below and, insofar as the prior United States or PCI J.S.C. § 112, I acknowledge in 37 C.F.R. § 1.56 which tional or PCT international
Application nu	mber	Filing date	Patent number, i	f applicable	

I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and any other applications based thereon and to transact all business in the United States Patent and Trademark Office and any other competent international authorities in connection therewith:

ATTORNEY	REG.#	ATTORNEY	REG. #
Geoffrey D. Kressin	28,730	Mark P. Crockett	47,507
Andrew S. Neely	28,979	J. David Gonce	47,601
Mark S. Graham	32,355	Michael T. Lukon	48,164
Robert O. Fox	34,165	Peter P. Scott	33,279
David E. LaRose	34,369	Leo J. Peters	33,562
Rick Barnes	39,596	Timothy R. Croll	36,771
Michael E. Sellers	39,831	Sandeep Jaggi	43,331
Jason L. Hornkohl	44,777		

and request that all correspondence and telephone calls in respect to this application be directed to:

CUSTOMER NUMBER 24,319

LSI LOGIC CORPORATION
Intellectual Property Department
1551 McCarthy Boulevard, MS D-106
Milpitas CA 95035

01-719

Phone 1.408.954.4923 Fax 1.408.433.7460

Attorney docket:

I hereby authorize the attorneys named herein to accept and follow instructions from LSI Logic Corporation as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the attorneys and myself. I hereby waive any right to revoke such power of attorney and appoint substitute attorneys, and grant all such powers to LSI Logic Corporation.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

56880.dec.doc

Full name of inventor:

Date

Residence:

Post Office Address:

Citizenship:

Kazal N. Tarayade

Inventor's signature

15539 SE Knapp Drive, Portland OR 97236 15539 SE Knapp Drive, Portland OR 97236

India

Full name of inventor:

Residence:

Post Office Address:

Citizenship:

Dodd C. Defibaugh

3642 NW 29th Circle, Camas WA 98607 3642 NW 29th Circle, Camas WA 98607 United States of America